

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024926

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6275

STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in 1b
2 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hosp. Inc.**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Kansas**

b. COUNTY

Bartonc. CITY
OR TOWN**Hoisington**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS**564 West Broadway**Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Ernest

Middle

Claude

Last

McMillan4. DATE
OF DEATHMonth
June

Day

23

Year

1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-20-1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Penetr. Eng. Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Bushong, Kansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John R. Mc Millan

13b. MOTHER'S MAIDEN NAME

Myrtle Smith

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Myrtle Mc Millan Hoisington, Kansas

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aplastic Anemia with Left Cerebral

INTERVAL BETWEEN ONSET AND DEATH

2 yrs**sudden**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Embolus

DUE TO (c)

292.4

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Left thrombophlebitis, femoral vein

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 21, 1962** to **June 23, 1962** and last saw him alive on **June 22, 1962**Death occurred at **7:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 S. Grand Blvd.

22c. DATE SIGNED

6-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-26-62

23c. NAME OF CEMETERY OR CREMATORY

Bushong Cemetery

23d. LOCATION (City, town, or county)

Bushong, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Berthel Funeral Home, Hoisington, Kans.

25. DATE RECD. BY LOCAL REG.

JUN 25 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1

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12

13

69

69

JUL 19 1962
AUG 10 1962

Washington

3 days

St. Louis

254 East Broadway

St. Louis-Little Rock Hosp. Inc.

APR 1 1966

1965

1965

William

Claude

Ernest

x

6-30-1937

White

Male

Engineer

1937-18-3485

Order with Left Coroner

STATEMENT BY LICENSED EMBALMER

Embalm

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4495

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

52-33-2